

**907 KAR 1:018 and E  
Material Incorporated by Reference**

**MAC Price Inquiries and Research Request Form  
December 2004 Edition**

**Filed: March 30, 2005**



## MAC PRICE INQUIRIES AND RESEARCH REQUEST FORM

By submitting this form, I am requesting that First Health Services research the Kentucky MAC List price of the drug listed on this form and consider a price modification as described in the "Comments" section below.

DATE: \_\_\_\_\_

PROVIDER NAME\*: \_\_\_\_\_

PROVIDER MEDICAID NUMBER\*: \_\_\_\_\_

PROVIDER PHONE\*:    -    -

PROVIDER FAX\*:    -    -

PROVIDER NABP #:

PROVIDER CONTACT\*: \_\_\_\_\_

DRUG NAME, STRENGTH

And DOSAGE FORM\*: \_\_\_\_\_

NDC#:

RECIPIENT ID # \_\_\_\_\_ RX# \_\_\_\_\_

PRICE\*: \_\_\_\_\_

COMMENTS:

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Return this form to First Health Services: Attn: REBATE/MAC DEPARTMENT

FAX: 804-217-7911

E-MAIL: [Rebate@fhsc.com](mailto:Rebate@fhsc.com)

RESPONSE DATE: \_\_\_\_\_

RESPONSE: \_\_\_\_\_

\*REQUIRED FIELD (RED)